



## Bureau of Water Protection and Land Reuse Remediation Division

Date Stamp  
(DEP Use Only)

# Remedial Action Plan Transmittal Form

This form is a cover to transmit a remedial action plan. When the use of this transmittal form is required or requested by the Commissioner, a remedial action plan approved in writing by the LEP, a copy of public notification of remediation, as well as all other documentation which demonstrates all applicable laws and regulations have been complied with, is to be attached to this transmittal form to document that remediation of the establishment has been initiated.

Part I of this form must be completed and signed by the Party responsible to submit a remedial action plan for the remediation of the parcel in accordance with the remediation standards. Part II of this form is to be completed and signed and sealed by a licensed environmental professional (LEP).

All sections of this form must be filled out, as applicable.

## PART I: GENERAL INFORMATION

Remediation ID No. (Rem#):

### Site Identification

Establishment Name (as on Form III): 11 Crown Street

Establishment Address: 11 Crown Street

City/Town: Meriden

State: CT

Zip Code: 06450

Description in Property Deed:

Recorded on page 242 of volume 4907 of the Town of Meriden

land records, as lot 16 block 0001 on map 0042 in the Tax Assessor's Office.

### **Check the box indicating under which program this documentation is being submitted:**

- ☐ Connecticut General Statutes (CGS) section 22a-134a(a)-(e), Property Transfer filing
- ☒ CGS section 22a-133x, Voluntary Remediation
- ☐ Other (specify)

Submit this completed form to:

REMEDIATION DIVISION, 2<sup>ND</sup> FLOOR,  
BUREAU OF WATER PROTECTION AND LAND REUSE  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET, HARTFORD, CT 06106 - 5127

# Remedial Action Plan Transmittal Form (continued)

Rem#: 

## PART I: GENERAL INFORMATION (continued)

The following documentation must be attached to this form. Check boxes, as applicable, to verify that the documentation has been submitted with this form.

|  |  |
|--|--|
| <input checked="" type="checkbox"/> <b>REMEDIAL ACTION PLAN</b> - in accordance with CGS Section 22a-134a(g)(1)      |  |
| Dated: _____ Prepared by: Tighe & Bond, Inc.   |  |
| <input checked="" type="checkbox"/> <b>PUBLIC NOTICE OF REMEDIATION</b> - in accordance with CGS Section 22a-134a(i) |  |
| <input checked="" type="checkbox"/> copy of published notice in newspaper  |  |
| <input checked="" type="checkbox"/> copy of notice to local Director of Health                                       |  |
| Check the applicable box if additional public notice requirements were implemented and provide documentation.        | <input checked="" type="checkbox"/> sign erected on establishment<br><input type="checkbox"/> copies of the notice of remediation mailed to abutting property owners |
| <i>Note: Certifying Party must provide copies of any written public comments and responses.</i>                      |  |

### List Additional Documentation (as applicable) and attach to this form.

| DOCUMENT | DATED | PREPARED BY |
|----------|-------|-------------|
|          |       |             |
|          |       |             |
|          |       |             |

### Certifying Party Certification

|   |                                |
|---|--------------------------------|
| "I submit this form and attached remedial action plan approved by a licensed environmental professional. I shall apply for all permits and approvals that are necessary to carry out the remedial actions, and I shall ensure that any necessary permit applications are complete and that the issuance of any such permit and/or approval will be diligently pursued." |                                |
| Juliet Burdelski  | Director of Economic Developme |
| Printed Name of Authorized Signatory  | Title                          |
| Signature of Authorized Signatory   | Date                           |
| Representing (Name of Company): City of Meriden.  |                                |
| Address: 142 East Main Street   |                                |
| City/Town: Meriden  | State: CT Zip Code: 06450      |
| Phone: 203 630 4152   |                                |

# Remedial Action Plan Transmittal Form (continued)

Rem#:

## PART II: REMEDIAL ACTION PLAN SUMMARY

To be completed by the LEP

| <b>Groundwater Class:</b> GB  |   |   |
|---|---|---|
| <b>Soil: Concentrations of Pollutants in Excess of RSR Criteria:</b>  |   |   |
| Criterion Exceeded  | Remedial Measure  | COC   |
| <input checked="" type="checkbox"/> PMC<br><input type="checkbox"/> GA<br><input checked="" type="checkbox"/> GB<br><br><input checked="" type="checkbox"/> DEC<br><input checked="" type="checkbox"/> Res<br><input checked="" type="checkbox"/> I / C | <input type="checkbox"/> in-situ<br><input type="checkbox"/> excavation / on-site re-use<br><input checked="" type="checkbox"/> excavation & removal<br><input type="checkbox"/> Engineered control<br>Date of Commissioner Approval:<br><br><input checked="" type="checkbox"/> ELUR<br><input type="checkbox"/> RSR exemption<br><input type="checkbox"/> RSR Alternative Criteria<br>Date of Commissioner Approval:<br><br><input type="checkbox"/> Other (specify): | <input type="checkbox"/> non-chlorinated VOCs<br><input type="checkbox"/> Chlorinated VOCs<br><input checked="" type="checkbox"/> Metals<br><input checked="" type="checkbox"/> PAHs<br><input type="checkbox"/> SVOCs<br><input type="checkbox"/> PCBs<br><input checked="" type="checkbox"/> ETPH<br><input type="checkbox"/> Pesticides<br><input type="checkbox"/> Other (specify): |
| <b>Groundwater: Concentrations of Pollutants in Excess of RSR Criteria:</b>   |   |   |
| Criterion Exceeded  | Remedial Measure  | COC   |
| <input type="checkbox"/> GWPC<br><input type="checkbox"/> Volatilization<br><input type="checkbox"/> SWPC   | <input type="checkbox"/> Pump & Treat<br><input type="checkbox"/> Air Sparging / Vapor extraction<br><input type="checkbox"/> Dual-Phase<br><input type="checkbox"/> Monitored natural attenuation<br><input type="checkbox"/> ELUR<br><input type="checkbox"/> RSR exemption<br><input type="checkbox"/> RSR Alternative Criteria<br>Date of Commissioner Approval:<br><br><input type="checkbox"/> Other (specify):   | <input type="checkbox"/> non-chlorinated VOCs<br><input type="checkbox"/> Chlorinated VOCs<br><input type="checkbox"/> Metals<br><input type="checkbox"/> PAHs<br><input type="checkbox"/> SVOCs<br><input type="checkbox"/> PCBs<br><input type="checkbox"/> ETPH<br><input type="checkbox"/> Pesticides<br><input type="checkbox"/> Other (specify):                                  |

## Remedial Action Plan Transmittal Form (continued)

Rem#: 

### PART II: REMEDIAL ACTION PLAN SUMMARY (continued)

|   |                                     |                           |
|---|-------------------------------------|---------------------------|
| <b>Vapor Intrusion:</b>                         |                                     |                           |
| Remedial Measure                                | <input type="checkbox"/>            | sub-slab depressurization |
|   | <input type="checkbox"/>            | vapor barrier             |
|   | <input type="checkbox"/>            | indoor-air monitoring     |
| Date of DPH Commissioner Approval of such plan: |                                     |                           |
| <b>NAPL present:</b>                            |                                     |                           |
|   | <input type="checkbox"/>            | Overburden                |
|   | <input type="checkbox"/>            | Bedrock                   |
|   | <input checked="" type="checkbox"/> | None                      |
| <b>Other (specify):</b>                         |                                     |                           |
|   |                                     |                           |

### LEP Approval

|  |                                     |
|--|-------------------------------------|
| "I have personally examined and am familiar with the information in the remedial action plan summary of this transmittal form, and I approve the attached remedial action plan. My professional services have been rendered in accordance with the 'Rules of Professional Conduct' (Section 22a-133v-6 of the Regulations of Connecticut State Agencies)." |                                     |
| James T. Olsen   | 178                                 |
| Printed Name of LEP  | License Number                      |
| Signature of LEP   | Date                                |
| Company: Tighe & Bond  |                                     |
| Address: 213 Court Street  |                                     |
| City/Town: Middletown  | State: CT      Zip Code: 06457-3346 |
| Phone: 860-704-4761  |                                     |
| <i>Affix Seal Here</i>   |                                     |
|  |                                     |